•	ine - Building or Use			Issue Date:	CBL:
	101 Tel: (207) 874-8703		<u> </u>		033 G005001
Location of Construction: 237 OXFORD ST BAYSIDE I L		LC C	Owner Address: ONE CANAL PLAZA PORTLAND ME 04101		ND ,
Business Name: part of the "Government l complex	Building"	1			
Lessee/Buyer's Name Phone:		Permit Type:		Zone:	
			Fire Suppression V	Vater Based	В3
Past Use: Offices Proposed Use: Same: Offices			ermit Fee:	Cost of Work:	CEO District:
		<u>, </u>	\$50.00 SPECTION:	00.00 4	
Proposed Project Description: Install a water based fire	suppression system				
	,	PI	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
			Action: Approved Approved w/Co		ed w/Conditions Denied
			Signature:		Date:
Permit Taken By: Date Applied For: 1dobson 04/02/2014			Zoning Approval		
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Revie	ws Zon	ing Appeal	Historic Preservation
		Shoreland	☐ Varian	ce	Not in District or Landmar
2. Building permits do a septic or electrical we		Wetland	Miscel	laneous	Does Not Require Review
within six (6) months	void if work is not started of the date of issuance.	Flood Zone	Condit	ional Use	Requires Review
False information ma permit and stop all w	y invalidate a building ork	Subdivision	Interpr	etation	Approved
		Site Plan	Approv	ved	Approved w/Conditions
		Maj Minor MM	Denied	I	Denied
		Date:	Date:		Date:
I have been authorized by jurisdiction. In addition, i shall have the authority to such permit.	the owner to make this appl f a permit for work describe enter all areas covered by s	lication as his authorize ad in the application is i uch permit at any reaso	the proposed work and agent and I agre ssued, I certify that mable hour to enfo	e to conform to at the code officient of the provision	al's authorized representative on of the code(s) applicable to
SIGNATURE OF APPLICANT		ADDRES	S	DATE	PHONE
RESPONSIBLE PERSON IN C	HARGE OF WORK, TITLE			DATE	PHONE